



Application Form

Finance Committee

Thank you for your interest in volunteering for the City of Maricopa. With this application, please attach an up-to-date **resume** and **cover letter** about yourself. Please fill out the following form and return it to the City Clerk by one of the following means:

<u>Email - Fax - Questions</u>	<u>By Mail</u>	<u>In Person</u>
Email: ccornn@cityofmaricopa.net Fax: 520-568-9120 Questions?: 520-568-9098 x241	Finance Department - Budget Office City of Maricopa P. O. Box 610 Maricopa, AZ 85239	Finance Department - Budget Office City of Maricopa 45145 W. Madison Avenue Maricopa, AZ 85239

Contact Information		
Name:		
Address:		
City, State, Zip:		
Email:		
Home Phone:	Work Phone:	Cell Phone:
General Information		
What Committee Are You Applying For?		
Briefly Tell Us About Your Experience AND Education		
Briefly Tell Us Why You Want To Serve On This Committee		



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Finance Committee

When Are You Available For Meetings?					
Are You A Registered Voter?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do You Live Within The City's Incorporated Limits?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Have You Served On Any Boards, Commissions, Committees, or Task Forces In the Past? If So, Please List.					

Signature of Applicant:

Date:

FOR OFFICE USE ONLY
Application Received On: